Improving the Quality of Emergency Care for Transgender Patients

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INTRODUCTION

In this edition of *Annals of Emergency Medicine*, 2 publications expose gaps in clinically and culturally competent care for transgender patients in the emergency department (ED). Chisolm-Straker et al[1] discover that, although most emergency physicians have treated transgender patients, few can answer basic questions about appropriate medical and surgical care for them. Additionally, most emergency physicians are unfamiliar with a shocking reason that leads transgender individuals to fear the ED: the occurrence of inappropriately invasive physical examinations on transgender patients. In the article by Samuels et al,[2] many patients describe care experiences in which staff inappropriately questioned them about their genital status, and one participant "recalled a certified nursing assistant bragging about forcing a trans patient to expose her genitals to another staff member." Almost half of transgender patients report avoiding necessary care because of fears of harassment and discrimination, suggesting these adverse care experiences cause repercussions that last beyond the clinical encounter. There are multiple reasons that transgender patients may experience gaps in care, and they occur at the institutional and staff levels. Identifying and addressing the causes of these care gaps is essential not only to improve care for these patients but also to assure them that they will be safe seeking care in the ED. In this article, we describe the transgender population, identify likely causes of and solutions for care gaps at the institutional and staff levels, and explain why transgender patients fear emergency care. Finally, we call on ED personnel to improve care for transgender patients in their own communities.

WHAT IS THE DEFINITION OF *TRANSGENDER*, AND HOW CAN THE TRANSGENDER POPULATION BE DESCRIBED?

The National Academy of Medicine's Board on the Health of Select Populations describes transgender people with the following description: *Transgender people are defined according to their gender identity and presentation. This group encompasses individuals whose gender identity differs from the sex originally assigned to them at birth or whose gender expression varies significantly from what is traditionally associated with or typical for that sex (ie, people identified as male at birth who subsequently identify as female, and people identified as female at birth who later identify as male), as well as other individuals who vary from or reject traditional cultural conceptualizations of gender in terms of the male-female dichotomy…. The transgender population is diverse in gender identity, expression, and sexual orientation. Some transgender individuals have undergone medical interventions to alter their sexual anatomy and physiology, others wish to have such procedures in the future, and still others do not. Transgender people can be heterosexual, homosexual, or bisexual in their sexual orientation. Some lesbians, gay men, and bisexuals are transgender; most are not. Male-to-female transgender people are known as MtF, transgender females, or transwomen, while female-to-male transgender people are known as FtM, transgender males, or transmen. Some transgender people do not fit into either of these binary categories."*[3]

An estimated 1.4 million US adults, or approximately 0.6% of the total population, identify as transgender.[4] Investigators have found that transgender patients have increased risk of poverty, depression, anxiety, substance abuse, sexually transmitted infections, and cardiovascular disease.[3] Moreover, ethnic and racial minority transgender patients experience even greater levels of poverty, discrimination, and health disparities. In a recent survey of transgender people in the United States, 38% of black transgender respondents reported living in poverty, and 22% had been homeless during the past year. Nineteen percent of black transgender women reported living with HIV, compared with just 0.3% in the general population.[5]

The statistics cited above demonstrate that transgender people are likely to have undergone adverse life experiences before presenting to the ED. Thus, when communicating

with and assessing an individual transgender patient, providers must take this statistical likelihood into account. However, because the transgender population is incredibly diverse, emergency physicians should not make assumptions about an individual patient. Perhaps most important, emergency physicians should refrain from assuming that a transgender patient's gender status is clinically relevant to his or her presentation. Many ED visits bear no relationship to gender, and asking transgender patients sensitive questions may make them needlessly uncomfortable.

GAPS IN CARE FOR TRANSGENDER PATIENTS MAY OCCUR AT INSTITUTIONAL AND STAFF LEVELS

Institutional Level

The ED should be designed to welcome patients and make them feel safe. Unfortunately, many EDs lack systems to adequately support transgender patients, and various structural factors may foster gaps in care.

Registration is the first step in obtaining care, and negative impressions may lead patients to feel unwelcome. At many institutions, patients are asked to state their sex or gender in a binary fashion, which can cause conflict with registration staff if patients fail to respond accordingly. Furthermore, requiring binary gender becomes problematic if there is a discrepancy among gender representation on a patient's identification card, health insurance documentation, or medical chart. A recent National Academy of Medicine workshop reviewed the best practices related to electronic health record collection of data related to sexual orientation and gender identity data, and the panel noted that most computer systems, including popular systems such as Epic (Epic Systems, Verona, WI), have the capability to record a patient's preferred name and pronoun.[6] However, this capability is not widely implemented. In an informal survey in the Los Angeles area, only 1 of 5 EDs using Epic have activated this function. This capability should be activated and used so that patients feel welcome in the facility as early as during registration.

In terms of other structural factors that can demonstrate affirmation for transgender patients, Lambda Legal recommends that institutions amend policies to ensure that all patients are guaranteed to be welcome and safe. The group's suggestions involve including gender identity and expression in nondiscrimination policies, ensuring specific protections in the patients' bill of rights, creating all-gender restrooms, and constructing a supportive environment that encourages staff members to treat transgender patients with respect. They also recommend that transgender people have access, when safe and feasible, to hormone therapy and personal items that assist them in expression of their gender identity, such as clothing and makeup.[7]

Although modifying electronic health record systems and institutional policies may seem daunting, taking these steps is essential in establishing a welcoming environment for transgender patients. Once such changes have been implemented, it is also important to make them known to the public. Two popular forms of communicating new policies to transgender patients in the community are disseminating flyers through local transgender advocacy organizations and posting signs in the ED waiting room guaranteeing nondiscrimination on the basis of gender identity and expression.

Staff Level

As elucidated by Chisolm-Straker et al and other investigators,[8] health professional curricula provide little formal instruction related to transgender health, which likely leads to gaps in clinically and culturally competent care. Although addressing clinical instruction is beyond the scope of this editorial (see Appendix E1, available online at http://www.annemergmed.com, for resources and tips related to improving care), the cultural competence of ED care can be improved by educating staff about how to address transgender patients and how to handle handoffs among staff in regard to gender identity and expression.

Training in cultural competency should include all ED employees who have contact with patients. For staff who are unaccustomed to addressing transgender people, asking the first question related to gender may seem unsettling. Generally, asking what name the patient prefers is courteous, and asking what pronoun the patient prefers is often appropriate as well. Refer to the Figure for more suggestions about language to use when addressing transgender patients.

In the study by Samuels et al, participants report annoyance when staff fail to communicate already disclosed gender identity information to one another. For instance, if a registration clerk learns that a patient's name and preferred pronouns differ from what is reflected in the medical record, the clerk can alert the triage nurse, saying, for example, "The patient registered as Jane Smith prefers to go by the name 'John' and the pronoun 'he.' Can you pass this along to his nurse and the treating physician?" From the moment the patient walks into the ED, care should be coordinated so that one private disclosure of transgender status should be sufficient for the duration of the visit.

Finally, providers should make their best efforts to address transgender patients respectfully. Mistakes are common, and transgender patients understand this.

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